

PEHP HEALTH & BENEFITS DENTAL BREAKDOWN



State of Utah Traditional Choice

This document provides a snap shot of benefits when using an in-network provider. This document does not guarantee coverage. Please check eligibility and yearly maximums online often. Contracted, in-network providers can access the full fee schedule at WWW.PEHP.ORG. For detailed questions, you can call customer service at 801-366-7555.

YEARLY MAXIMUMS & WAITING PERIODS

Policy Year: July 1 – June 30
Yearly Dental Maximum: \$1,500 per person
Yearly Dental Deductible: None.

There is a six-month waiting period for Prosthodontic (Major) and Orthodontic benefits. No benefits are payable for services performed before the six-month waiting period has been met, even with preauthorization. Please verify online to see if the waiting period has been met. This waiting period may be waived with evidence of credible coverage for a minimum of six months prior to the effective date without a break in coverage. Please call customer service for more details.

There is a five-year missing tooth clause from the original effective date.

Preventative

| CDT Code | Description | Benefit Benefits reduced by 20% when using an out of network provider | Frequency |
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| 0120 | Periodic Oral Examination | 100% of PEHP's in-network rate | Two combined exams per plan year. |
| 0145 | Oral Evaluation for a patient under age 3 | | |
| 0150 | Comprehensive Oral Evaluation | | |
| 0160 | Detailed & Extensive Oral Evaluation | | |
| 0220 | Intra-Oral periapical first film | 100% of PEHP's in-network rate | Allowable when necessary for specific diagnostic purposes. Multiple PA's in any one visit will be limited to the amount allowed for full mouth x-rays, but will not apply to the time limit of once in three-year period. |
| 0230 | Intra-Oral periapical each additional film | | |

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| 0251 | Extra-Oral posterior dental radiographic image | 100% of PEHP's in-network rate | Two times per plan year. |
| 0272 | Bitewing – two films | | |
| 0274 | Bitewing – four films | | |
| 0277 | Vertical bitewings 7-8 films | | |
| 0210 | (FMX) Intraoral-complete series, including bitewings | 100% of PEHP's in-network rate | Once in a three-year period for one, not both. FMX is not eligible under age 13. |
| 0330 | Panoramic film | | |
| 1110 | Prophylaxis – adult age 14 and up | 100% of PEHP's in-network rate | Two times per plan year. |
| 1120 | Prophylaxis – child through age 13 | | |
| 1206 | Fluoride – topical application of fluoride varnish | 100% of PEHP's in-network rate | Two times per plan year, must be in conjunction with a cleaning or four times per plan year with eligible 4910 or 4346, unless under age 3 and a cleaning cannot be done. No age limit. |
| 1208 | Fluoride – topical application of fluoride, excluding varnish | | |
| 1351 | Sealant – per tooth | 100% of PEHP's in-network rate | Once in a five-year period on teeth without an occlusal filling, on permanent molars only, through age 17 only. |

Basic

| CDT Code | Description | Benefit Benefits reduced by 20% when using an out of network provider | Frequency |
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| 0140 | Limited Oral Evaluation – Problem Focused (emergency exam) | 80% of PEHP's in-network rate | Allowable when necessary to relieve pain on an episodic basis, but not with regular appointment. It may be billed together with palliative treatment or specific treatment code, but not both. |
| 0180 | Comprehensive Periodontal Evaluation | 80% of PEHP's in-network rate | Once per plan year. |
| 1510 1516 1517 1520 1526 1527 | Space Maintainers | 80% of PEHP's in-network rate | Once in an 18-month period through age 16 to maintain present position of tooth. The primary tooth the space is holding must be indicated on the claim, not the ones it's attached to. If for orthodontic purposes the orthodontic benefit applies. |
| 2140 2150 | Amalgam Fillings | 80% of PEHP's in-network rate | Once in an 18-month period. |

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| 2160 2161 | | | |
| 2330 2331 2332 2335 2390 2391 2392 2393 2394 | Resin Based Composite Fillings | 80% of PEHP's in-network rate | Once in an 18-month period. X-rays required when filling includes (F) surface for code 2332. X-rays required on teeth 5-12 and 21-28 for code 2335. No downgrading on posterior composites. |
| 2510- 2530 2610- 2630 2650- 2652 | Inlay | 80% of PEHP's in-network rate | Once in an 18-month period, eligible up to cost of composite filling. |
| 2930 2931 2932 2933 2934 | Stainless Steel Crown | 80% of PEHP's in-network rate | Once in a 24-month period, x-rays suggested. |
| 2950 | Core Buildup | 80% of PEHP's in-network rate | Allowed once in a 18-month period following root canal therapy on the tooth, or when done in conjunction with a crown every five years. X-rays and records required if no RCT history. |
| 2952 | Cast Post and Core | 80% of PEHP's in-network rate | Only following root canal therapy on the tooth. A cast post and core is eligible once in an 18-month period, or once in a five-year period when done in conjunction with a crown. X-rays are required if no RCT history. |
| 3110 3120 | Pulp cap direct/indirect | 80% of PEHP's in-network rate | Once in an 18-month period. |
| 3220 | Pulpotomy | 80% of PEHP's in-network rate | Once per tooth. |
| 3310 3320 3330 | Root Canal Therapy | 80% of PEHP's in-network rate | Once per tooth. |
| 3346 3347 3348 | Root canal retreatment | 80% of PEHP's in-network rate | Requires pre-op and post-op x-ray for review. |
| 4261 | Osseous Surgery – one to three contiguous teeth or tooth bounded spaces per quadrant | 80% of PEHP's in-network rate | Once in a 12-month period, x-rays and period charting required. |
| 4266 4267 | Guided tissue regeneration resorbable barrier, per site | 80% of PEHP's in-network rate | Allowable following periodontal surgery. 4266 includes resorbable barrier per site. 4267 includes non-resorbable barrier per site. |
| 4341 4342 | Scaling and Root Planning | 80% of PEHP's in-network rate | Once in a 12-month period. Perio chart required, x-ray may be required if charting is |

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| | | | insufficient. All four quads can be done on the same day. Three or more pocket measurements of 4mm or greater is required for the benefit to be eligible for payment. |
| 4346 | Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation (without periodontitis). | 80% of PEHP's in-network rate | Once per lifetime, cannot be performed in conjunction with a prophylaxis or periodontal maintenance. X-rays and perio chart and/or narrative may be required. |
| 4355 | Full mouth debridement | 80% of PEHP's in-network rate | Once in a 12-month period, x-rays required. |
| 4381 | Localized delivery of anti-microbial agents | 80% of PEHP's in-network rate | One per tooth every three to six months. Perio chart required. Chart notes and/or narrative required. Cannot be performed on the same day as 4341/4342. |
| 4910 | Periodontal maintenance | 80% of PEHP's in-network rate | Allowed four times per plan year. Cannot be performed in conjunction with a regular cleaning. Perio chart required if no previous periodontal procedures performed and/or no history of 4910. |
| 7140 | Extraction, erupted tooth, or exposed root | 80% of PEHP's in-network rate | Allowed as necessary. |
| 7210 7220 7230 7240 7241 7250 | Extractions, surgical/impacted | 80% of PEHP's in-network rate | X-rays and records required. |
| 7951 7952 7953 | Sinus Augmentation & Bone Replacement Graft | 80% of PEHP's in-network rate | Preauthorization suggested to determine if the service is medical or dental. If these services are performed at the same time as an implant the major benefit applies. |
| 9222 9223 | Deep Sedation/General Anesthesia | 80% of PEHP's in-network rate | The number of units allowed will be based on the time indicated on the claim and/or anesthesia report, if no time is indicated on the claim we will request records/narrative report. Allowed when necessary for surgical extractions or some other oral surgeries. It is not allowable in conjunction with simple extractions. Under age six: no authorization required. Over age six: services other than oral surgery/wisdom teeth removal will require preauthorization. May be authorized if medically necessary due to medical concerns. Not covered if due to dental phobia/anxiety. If done in dental office it is payable as dental benefit. If extensive and done in a surgical facility it is payable as a medical benefit. |
| 9243 | Intravenous moderate (conscious) sedation/analgesia | 80% of PEHP's in-network rate | A maximum of five units will be eligible. Allowed with eligible apicoectomy, severe |

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| | | periodontal cases, implants, osseous and oral surgery procedures. It is not eligible with root canal therapy, simple extractions, or for dental phobia or anxiety. However, children through five years of age are eligible for anesthesia services under the medical benefit. |
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Major (Prosthetic)

Services to restore tooth structure are covered when damage is caused by decay or fracture. If the fractures are due to wear the service will not be covered. If two different major services are received on the same tooth in the five-year period, the payment for the second service will be reduced by the amount for the first, up to the plan maximum.

All major services are paid on the seat date and have a five-year replacement.

| CDT Code | Description | Benefit Benefits reduced by 20% when using an out of network provider | Frequency |
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| 2542-2664 | Onlay | 50% of PEHP's in-network rate | Once in a five-year period. Pre-treatment x-rays required for teeth 7-10 and 23-26. |
| 2710-2794 | Crown | 50% of PEHP's in-network rate | Once in a five-year period. X-rays required if initial placement and no RCT on file. If replacing no x-ray required, but prior placement date is needed. 2790 Onetime benefit per tooth. No downgrading. |
| 5110-5286 5750-5761 5810-5821 | Denture | 50% of PEHP's in-network rate | 5110-5283 once in a five-year period. 5750-5761 once in a three-year period. 5810-5821 once in a five-year period. |
| 6010-6050 6051-6077 6090-6095 | Implant | 50% of PEHP's in-network rate | Once in a five-year period. 6010-6050 will require pre-treatment and post treatment x-rays. 6090 & 6095 allowable as necessary, chart notes and/or narrative required. |
| 6104 | Bone graft at time of implant placement | 50% of PEHP's in-network rate | Once in a five-year period. Only covered if implant is eligible. |
| 6205-6794 | Bridge | 50% of PEHP's in-network rate | Once in a five-year period. Pre-treatment x-rays required when 2 or more abutments are billed on either side of pontic. |

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| | | | Pre-treatment x-rays required if initial placement. If replacing, no x-ray required, but prior placement date is needed. |
| 9222 9223 | Deep Sedation/General Anesthesia | 50% of PEHP's in-network rate when done in conjunction with major services. | <p>The number of units allowed will be based on the time indicated on the claim and/or anesthesia report, if no time is indicated on the claim we will request records/narrative report.</p> <p>Allowed when necessary for surgical extractions or some other oral surgeries. It is not allowable in conjunction with simple extractions.</p> <p>Under age six: no authorization required.</p> <p>Over age six: services other than oral surgery/wisdom teeth removal will require preauthorization. May be authorized if medically necessary due to medical concerns. Not covered if due to dental phobia/anxiety. If done in dental office it is payable as dental benefit. If extensive and done in a surgical facility it is payable as a medical benefit.</p> |
| 9243 | Intravenous moderate (conscious) sedation/analgesia | 50% of PEHP's in-network rate when done in conjunction with major services. | <p>A maximum of five units will be eligible. Allowed with eligible apicoectomy, severe periodontal cases, implants, osseous and oral surgery procedures.</p> <p>It is not eligible with root canal therapy, simple extractions, or for dental phobia or anxiety. However, children through five years of age are eligible for anesthesia services under the medical benefit.</p> |
| 9944- 9946 | Night/Occlusal Guard | 50% of PEHP's in-network rate | <p>Once in a five-year period.</p> <p>Covered for the diagnosis of severe bruxism only.</p> |

Orthodontics

Lifetime maximum: \$1,500 per person

Waiting period: Six months

Treatment in progress: applies, but may be waived in the case where a member starts a separate phase after they are eligible on the plan.

| CDT Code | Description | Benefit | Frequency |
|------------------------------------|--------------|---|--|
| 8010- 8090 8660- 8699 | Orthodontics | <p>50% of the billed charges</p> <p>Appliances for TMJ, Habit (i.e. thumb sucking, etc.),</p> | <p>No authorization required.</p> <p>No age limit as long as the member is eligible on the plan.</p> <p>Paid auto-quarterly.</p> |

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| | | Lost or Broken non-fixed appliance are not covered. Swartz or Hawley maintenance appliance are eligible in a new phase of treatment after de-banding. | |
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